Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY HOWARD O. STATEMARYLAND b. COUNTY HOWARD MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HANOVER HANOVER e. IS RESIDENCE ON A FARM? YES ANXIX d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Box 184 Hanover, Maryland Box 184, Hanover, Maryland 3. NAME OF Middle Lost 4 DATE Doy Year DECEASED WILLIS C. BRUNK 10/10/66 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED XX 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED Male White DIVORCED 6-10-1925 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

fleet Manager INDUSTRY COUNTRY? Montgomery Wards Washington, D. C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jason W. Brunk Anna M. Schenk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 216-20-6226 Mrs. Juliana D. Brunk, Box 184 Hanover, Md. Yes WW II 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Bronchogenic IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ 19.66 to Ocs saw the deceased alive an Oct 19 66, and that death accurred at 5 A M, fram causes and an the date stated above. 220 SIGNATURE 22b. DAJE SIGNED STAFF PHYS. ATTENDING 0/966 DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Paul F. Richardson 511 Gun Road, Relay, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 10-13-66 Baltimore National Cemetery Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 DATE OC Howard H. Hubbard, 4107 Wilkens Avenue, 21229

within 24 hours ofter death ond by the funero corbon requires that the deoth certificate be executed attending physician sermit. Then phese or buriol-tronsit signed by physicion. TO FUNERAL DIRECTOR: After this certificate has been 00 the hospital or Poge 4 moy be retoined director, page 3 should be filed v

VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14263

CERTIFICATE OF DEATH

14262

1.	DLACE OF DEATH O. COUNTY HOWA:	wl		444	RYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. STATE b. COUNTY Howard						n)
\vdash	b. CITY OR TOWN	(If autside carparate limits	s,	c. LENGTH OF STA				parate limits, write RU	RAL and giv	e neares	t tawn)	
	write RURAL an	d give nearest tawn)		200		Dayt	on		,	3 -	1	
		TAL OR INSTITUTION (IF no	at in haspital, g	ive street address)		d. STREET ADDRESS					e. IS RESID ON A FA	DENCE ARM? NO T
3.	NAME OF DECEASED (Type or print)		rst	Middle	D A 37	Last	4. DA		th 15,19	Doy 66	Уес 19	or
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲	B. DATE OF BIRTH	100	9. AGE (In years last birthday)	IF UNDER Manths		IF UNDER Hours	24 HRS. Min.
10	Male	White	WIDOWED	DIVORO ND OF BUSINESS OR	ED []	May 10,189			1 12 6	TIZEN OF	WHAT	
du	iring most of working	N (Give kind af wark dane life, even if retired) ter	INI	DRZIBA DRZIBA DR OL BRZINEZZ OK		Baltimo	ore, Md	ar foreign country)		OUNTRY?		
13	B. FATHER'S NAME					14. MOTHER'S MAI	DEN NAME					
		Inknown					ıknown			9		
11	S. WAS DECEASED EV (es, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates o	of service)	SOCIAL SECURITY NO		INFORMANT		Addr				
L	Yes	WW 1	577	7-16-0073	M	rs.Edith (Jurran	,Dayton,Md			ERVAL BET	
	Conditions, if one rise to immedia stating the underlast.	te couse (o), erlying cause	TO (b) C O: TO (c)	ronary t	chrom		F CONDITION	Chicks IN DATE 3(1)		5 6	set and care	
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS C		500						0	PERFORM	ED? NO 🔀
		AS UNDERLYING GC CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injur	ry in Part I or	Part II at Item IB.)				
MFDICAL	D.	m. 19	While	NOT While of work] foct	CE OF INJURY (Home, tory, street, office bldg	., etc.)	Of. (City or town)	•	ounty)		Stote)
	21. I cert	ify that (I) (staic stage deceased alive on _C	pital) attend	ded the decease	d fram_ , and tha	NOV. 13	, 19 <u>46</u> d al 6: 00	AM, from couses	ond on	the dot	nat (I) (: te stoted	wet last obove.
ľ	22a. SIGNATURE	Charles S.	Whit	wher,	M. T.	ATTENDING PHYS.	MED. DIRECTO	STAFF PHYS.		E .]	L4,1	966
	22c. PHYSICIAN' NAME (Type		s. Wh	itaker,	M.D.	22d. ADDRESS Clark		e, Maryl	and	2102	29	47
23	BURIAL, CREMATI	. A	EREOF 8-1966	23c. NAME OF CE		CREMATORY		LOCATION (City or To	own)	(County	·) (S	tote)
\I	24 FLINEPAL DIRECT	or bothom, Elli	cott Ci	Ey Mo	Lou	25g.	REC'D BY REG	1 8 1966	EGISTRAR'S		RE Que	lae

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending-physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremotion, or removed, and in any event, within 72 haurs after death Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

14264

CERTIFICATE OF DEATH

14263

1. PLACE OF DEATH						SIDENCE (WI	here deceosed	l lived, if institu		ce befor	e odmissig	n)
a. COUNTY	Howard		MARY	/LAND	o. STATE	Maryla	and	b. COU		ward		
b. CITY OR TOWN	(If autside carparate limits,	c. L	ENGTH OF STAY I	N 1b	c. CITY OR TO	OWN (If outs	ide carparate	limits, write RU	IRAL and giv	e neares	t tawn)	
Write KUKAL O	nd give nearest tawn) Dersey				D	orsev				713	. 1	
d. NAME OF HOSP	PITAL OR INSTITUTION (If not in	hospital, give st	reet oddress)		d. STREET AD						. IS RESID	ENCE
			-49		7 5	0.00	mnam	ATTO			ON A FA	NO.
3. NAME OF	First		Middle		Lost	. 0 00	nnor .	Mon	46	Day	Yeo	
DECEASED			V.	Dame		- 1	OF			/		
(Type or print)	Doro			Deri			DEATH	Octob	er	18	19 (
S. SEX	The second second	MARRIED X	NEVER MARRIED		B. DATE OF BIR			AGE (In years Last birthday)	IF UNDER Manths	Days	IF UNDER Haurs	Min.
Female	INTITOG	WIDOWED	DIVORCE		Aug.21		4	2 yrs.				
10a. USUAL OCCUPATION	ON (Give kind of work dane		BUSINESS OR		11. BIRTHPLA	ICE (County &	State, or fore	ign country)		TIZEN OF	WHAT	
during most of working Home	ig lire, even it retired)	INDUSTR			Surgo	insvil	lle,Te	nn	- (UNIKI		
13. FATHER'S NAME					14. MOTHER							
Samuel	Minroe				. 2230	No	ot Kno	wn				
IS WAS DECEASED F	VER IN ILS ARMED FORCES?	16. SOCIAL	SECURITY NO.	17.	NFORMANT		70 1010	Addr	ess			
(Yes, na, ar unknawn) (If yes give war ar dates of ser	rvica)	-40-483			ala tem	PAR	ox 255,	F7740	att	C4+37	2/63
				/ 151	locii be	LILUN	,1.0.0	OK ~ > > >	DITTE			
	DEATH (Enter only one cause p ATH WAS CAUSED BY:	-00		0		-01/1	V				ERVAL BET	
100	IMMEDIATE CAUSE (o)	CARC	INOMA	0		RVI	Λ		1.000	1	YEI	OR.
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Conditions, if ar												
stating the und												
last.) (c)				463.0				331131			
PART II, OTHER	SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEA	ATH BUT NOT REL	ATED TO	THE TERMINAL D	ISEASE COND	ITION GIVEN	IN PART 1(o)	4(19.	WAS AUTO	PSY
NOL										V	PERFORMI	NO TI
S 200 ACCIDENT W	/AS UNDERLYING	T 201 DESCRIPT	HOW INJURY O	CCHIPPED	(Enter nature o	f injuny in De	art Lor Port	Lof itom 1P.)			.,	140
OR CONTRIBUTION	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DESCRIBI	E HOW INJURY O	CCURRED.	(cinei naiore o	i injury in re	all I of Port	i or nem ib.)				
20c. TIME OF IN	JURY Manth, Day, Year	20d. INJURY			CE OF INJURY (20f.	(City or tawn)	(Co	unty)	(Stote)
Hour o	p.m. 19	While at wark	Not While at work	tact	ory, street, office	e bldg., etc.)						
	tify that (I) (this haspite			fram N	lav 10	19	66 to	Oct.	78 196	56 th	at (I) (we) last
saw the	deceased alive an O	ctober	70966	and tha	t death acc	urred at	ZAM.	fram causes	and an t	he dat	e stated	abave.
220. SIGNATUR		. 1					,			ATE SIGN		
91/	K Mal	Va ol	, ()	M.	D. PHYS.	F TO A	MED. DIRECTOR [STAFF PHYS.			18,	7966
22c. PHYSICIAN	15	The same of the sa	17	141.	22d. ADI		VIKECION L		7100	0		1,00
NAME (Typ		lager,	Jø.,	M.D.			Ltimo	re Nat	iona	L P	lke :	#28
230. BURIAL, CREMAT	TION, 23b. DATE THEREO)F 23	. NAME OF CEM	ETERY OR	CREMATORY		23d. LOC	ATION (City or To	own)	(County) (5	tote)
REMOVAL (Special Buria.)	(v) 10-20-19	66	St. Joh	ns			Elli	cott Ci	ty, Md			
24. FUNERAL DIRECT	TOP // D/	11	ADDRESS			2Sa. REC'D	BY REGISTRA		EGISTRAR'S	GNATUR	RE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) the 1 s 1 s ter a. COUNTY b. COUNTY a. STATE after Pages 1 HOWARC MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page, within 72 hours write RURAL and give nearest town) hours 60 CITY d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 24 COLLINSWA NO YES executed within completely carbon 3. NAME OF First Middle Last DATE Month Day Year **DECEASED** OF event, 0 (Type or print) DEATH 00 19 66 5. SEX and con remove any eve 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED Days JUNE WIDOWED: DIVORCED physician and ph 三 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? during most of working life, even If retired) INDUSTRY Housewife 5 The law requires that the death certificate 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME 14. tending r ACO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) d by the afturent transit permit cremation, o Collinsway Rd. been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as th prior t underlying cause last. (c) CERTIFICATION r this certificate had detached for use a real to be the least of Health pi PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO C YES the hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d MEDI Not While þ ATTENDING p.m. 19 at work at work retained director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at3 _M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED pe ATTENDING PHYS. PHYS DIRECTOR 4 may O HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Med Page / BURIAL, CREMATION. DATE THEREOF 23a. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) BAITO. MIONA 70 d UrIA 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14267

CERTIFICATE OF DEATH

14266

1. PLACE o. COU	OF DEATH	WARD		MARYLA	ND.	o. STATE	Where deceosed lived, if ins b. (COUNTY	
b. CITY writ	OR TOWN (If autsi	de carparate limits		c. LENGTH OF STAY IN			tside carporate limits, write		e nearest town)
d. NAM				give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	1114	HANLEY	DRIVE	21227		1114 HAN	LEY DRIVE 21	227	YES NOXX
3. NAME DECEAS (Type of		Fire G	ILBERT	Middle E	Н	Last ARMAN	OF	Manth ctober	Doy Year 15. 19 66
S. SEX		LOR OR RACE HITE	7. MARRIED WIDOWED	LA		DATE OF BIRTH -24-1903	9. AGE (In year last birthday 63 yr	() IF UNDER	Days Hours Min.
dSALE	L OCCUPATION (Give last of working life, even	kind of work done on if retired)		IND OF BUSINESS OR NOUSTRY LRED		MARYLAND	& State, ar fareign country)		TIZEN OF WHAT DUNTRY? U.S.A.
13. FATHE	ER'S NAME	GHODGE	D 774 D			14. MOTHER'S MAIDEN N			
35 11/45	DESCRIPTION DATE IN LINE	GEORGE :			1 17 101		EN G. SOPER	d boss	
(Yes, no N	DECEASED EVER IN U.S or unknown) (If yes IO	give wor ar dates at	service	SOCIAL SECURITY NO. 16-03-3996		formant S. EDNA HAF	MAN, 1114 H	ANLEY D	RIVE 21227
rise to statin last.	itions, if any, which o immediate caus ng the underlying	e (a), cause	(b) TO	DE DEATH BUT NOT RELATI	ED TO TH	E TERMINAL DISEASE CON	ACCONDITION GIVEN IN PART 1(o))	19. WAS AUTOPSY PERFORMED?
OR CO	ACCIDENT WAS UNDER ONTRIBUTING CAU THER, NOTIFY MEDICA	SE OF DEATH	20b. D	ESCRIBE HOW INJURY OCCL	URRED. (E	nter nature of injury in l	Part I or Part II of item 18.)	AEZ NO S
WEDICAL 20c.	TIME OF INJURY Mo Haur a.m. p.m.		While		Oe. PLACE factor	OF INJURY (Hame, farm y, street, affice bldg., etc.)	, 20f. (City ar town	(Cou	unty) (State)
S	aw the decease			ded the deceased fr		death excurred at	966, to 600 M, fram caus		that (I) (we) las he date stated above
1	SIGNATURE PHYSICIAN'S	Brew	mbe	augh	M.O.	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. D	ATE SIGNED
	NAME (Type)	BRUCI	E BRUM	BAUGH			5609 MAIN	STREET	
	IAL, CREMATION, OYAL (Specify)	23b. OATE THE 10-19		23c. NAME OF CEMETE MEADOWRII			23d. LOCATION (City o		(County) (Stote) MARYLAND
	ERAL DIRECTOR D H. HUBI	BARD, 410	O7 WIL	ADDRESS KENS AVENUE	212			. REGISTRAR'S S	signature Judge

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be diled with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death. be executed within 24 hours after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificated Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

1351

Form of the control o

FOR STATE HEALTH DEPT

I ond 2 with the Stote Department of event within 72 hours after death. Health or its designated agent, prior to burial, cremotion, or removal,

ad within 24 hours ofter death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File for your files. 5 may be retoined

This certificate should be executed within 24 hours ofter death. If

CAL EXAMINER:

TO DEPUTY MED!

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL DESEADOH AND DECODOS

14268		DICAL EXAMINE	R'S CERTIFIC	ATE OF DE	ATH	14	267	
1. PLACE OF DEATH 0. COUNTY HOWA		MARYLAN	o. STATE	Maryla Maryla	eceosed lived, if instituted and b. COU	tion: Residence NTY HO	before odmission)	1
b. CITY OR TOWN (If outside of write RURAL and give near Clarks)		c. LENGTH OF STAY IN 11	c. City OR TO	WN (If outside cor Laure1	porote limits, write RU	RAL ond give I	neorest town)	>
d. NAME OF HOSPITAL OR INS	TITUTION (If not in hospite		d. STREET AD		ery Street		e. IS RESIDEN ON A FARM YES NO	
3. NAME OF DECEASED (Type or print)	First	Middle Thomas	Lost	4. DA		th	Doy Year 23, 1966	-
5. SEX 6. COLOR	Joseph R OR RACE 7. MARRII nite WIDOWI	D NEVER MARRIED	8. DATE OF BIR	TH	9. AGE (In years last birthday) 55 yrs.	IF UNDER 1)	EAR IF UNDER 24	
10o. USUAL OCCUPATION (Give kind during mass of working life, even if		KIND OF BUSINESS OR	11. BIRTHPL Maryla	ACE (State or foreignal	gn country)		EN OF WHAT	
13. FATHER'S NAME James	Robert Herb	erson (deceas		MAIDEN NAME Catherin	ne Peters	(deceas	sed)	
15. WAS DECEASED EVER IN U.S. AF	EMED FORCES?	6. SOCIAL SECURITY NO. 5 212-14-5810	17. INFORMANT Mrs Cyre	ena Vieto	ch, Laurel		and	
4200	USED BY: AEDIATE CAUSE (0) DUE TO	for (o), (b), ond (c).)	ic heart d	isease			INTERVAL BETWE ONSET AND DEA	
Conditions, if ony, which go rise to immediate couse (a stating the underlying coulost.	o), (DUE TO							
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED	TO THE TERMINAL D	SEASE CONDITION	GIVEN IN PART 1(o)		19. WAS AUTOPS PERFORMED? YES X NO	?
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTION CAUSE OF DEATH.	G □ 20b.	DESCRIBE HOW INJURY OCCUP	RRED. (Enter noture of	injury in Port 1 or	Port II of item 18.)			
20c. TIME OF INJURY Month Hour o.m. p.m.	W		e. PLACE OF INJURY (F foctory, street, office		Of. (City or town)	(Coun	ty) (Sto	te)
death resulted from ACTUAL SIGNATURE	taak charge of the	emains described above	Suicide , H CHIE M.D. ASSIS	SY X, Insp. Immicide , MEDICAL EXAMINI STANT MEDICAL EXAMI TY MEDICAL EXAMI ess (Street, city, to	MINER K	nanner 🗌	22. DATE SIG 24, 1966	GNED
230. BURIAL, CREMATION,	23b. DATE THEREOF Oct.27,1966	23c. NAME OF CEMETER ARLINGTON N	Y OR CREMATORY	23 d	LOCATION (City or To ARLINGTON,		ounty) (Stote	e)

VR A15ME (5) 6M 1/66

2Sb. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR
Harold S. Wade, 550 Wash. Blvd., Laurel, Md.

ARLINGTON

CEM. ARL
250. REC'D BY REGISTRAR
DATE OCT 2 6 1 1966 1654

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and by any event, within 72 hours after defilt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
LOGO
CERTIFICATE OF DEATH

1 4 9 8 9

14269 CERTIFIC	AIL OF DEATH	14268
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Inst	
a. COUNTY	a. STATE b. COUN	
Howard Maryla		Howard
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	N 1b c. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give nearest town
Ellicott Gity	Ellicott City	13.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	ress) d. STREET ADDRESS	e. IS RESIDENCI ON A FARM?
371 Chapel Ave.	371 Chapel Ave	YES NO X
NAME DF First Middle DECEASED (Type or print) RAYMOND T. HOLLANDBECK	Last 4. DATE Month DF DEATH	2 7 19 66
TOTAL TRIORID & TROUBLEST DE L'OLI		IF UNDER 1 YEAR IF UNDER 24 HR
Male White Widowed Divorced	last birthday)	Months Days Hours Min.
a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) JOB. KIND OF BUSINESS OR INDUSTRY.	BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
William H. Hollandbeck	Bessie Taylor	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (16, so, no, or unknown) (16, social security No. 16, socia	17 INFORMANT Sollandle R-Eller	oll City- Ind-
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	heeres	ONSET JOHO DE TH
IMMEDIATE CAUSE (a)	c juicely	2/2000
OT BUD TO		
Conditions, If any, which (b)		
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of	Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
Hour a.m. While Not While	factory, street, office bldg., etc.)	
p.m, 19 at work at work	3/3 /2 /087	1066 21 21 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21. I certify that (I) (this hospital) ettended the deceased from saw the deceased alive on 1900, and		_, 1922, that (I) (we) las
22a. SIGNATURE	d that death occurred at the from the causes a	and on the date stated above
Webstrave Mich	M.D. ATTENDING MED. DIRECTOR PHYS.	1 n /28/66
22c. PHYSTCIAN'S	22d. ADDRESS	
NAME (Type) Christian S. Mass, M. D.	687 Balto Natil. Pike	e, Ellicott City
a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEM	ETERS OR CHEMATON CHES	wn or county) (State)
4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR I 25b. RE	GISTRAR'S SIGNATURE
Kel 10 ha huld 2x12	1619 11011	
- COUNT ONEC INTENDO Onesino	DATE NUV 1 1966	Mineley Judge

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PARKETON P. HOLIANDERIA.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

DIVISION OF	STATISTICAL RESEARCH AND I	ATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, IFICATE OF DEATH	
PLACE DF DEATH a. COUNTY	4	2. USUAL RESIDENCE (Where deceas	b COUNTY

21200	4	900
1. PLACE DF DEATH a. COUNTY # /	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	esidence before admission)
Howard MARYLAND	a. STATE M. S. COUNTY	unard
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write BURAL and give nearest town)		
Fultan / month	o Lavel	13-1
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Amans Kest Hame	429 Ballimare ane	YES NO
3. NAME OF First Middle	Last , 4. DATE / Month	Day Year
7.10009	& Clushey DEATH (Valaher	18 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER: last birthday) Months	
WIDOWED DIVORCED	(Cat 19 1886 79 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign, country) 12. CI	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	10 magazinas	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	034
13. FAIRER'S NAME	14. MOTHER'S MAIDEN NAME	
I hamas Illadden	urbraun	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Addr	H. ane.
(11 yes give war or dates of service)	May Caderan & Cular	med
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	to by conference of the contract	I INTERVAL BETWEEN
A Committee of the comm	LA CANONE	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FOUTE CARD I A	te failure	8 MOURS
490X DUE TO CONTRACTOR		1 1 0000
Cenditions, If any, which) (b) 10 XIC	OCARDITIS	1 WEEK
gave rise to Immediate		
cause (a), stating the underlying cause last.	OBE PNIEUMONIA	INEER
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
TA TATE		PERFORMED?
D L CO ASSISTATIVAS MAISTINING ET L COL DESCRIPTION (NUMBER COS)	UDDED Codes asking of labour to Dock I on Dock II of How 10	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF THE PART	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 2Df. (City or town) (Cou	nty) (State)
Hour a.m. While Not While facto	ory, street, office bldg., etc.)	
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	16 1966, to OCT 10, 190	6, that (I) (we) last
saw the deceased alive on 27 /8 1966, and that	t death occurred at M, from the causes and on the	he date stated above.
22a. SIGNATURE		ATE SIGNED
Mules Samuraher M.	D. PHYS. MED. STAFF DIRECTOR PHYS. D	118/66
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type YARLES S. WHITTAKER	MAD CLARKSVILLE	170
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		inty) (State)
REMOVAL (Specify)	W Continue of the continue of	2
Bural 10-21-66 /16 Can	nel Meresley	o classiff
24. FUNERAL DIRECTOR AODRESS	7. /	S SIGNATURE
dellitt Dunaldzan Laurel	Mid DATE OCT 25 1966 John	res Judge

VR AI5 (4) 20M I/65

-7.

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY hours b. COUNTY HOWAR the d 2 MARYLAND pue b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give naerest town) 24 E-00 00 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) e. IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF Middla 4. DATE Laci 72 Month Day Year DECEASED OF (Type or print) DEATH C 19 MeCras 6 With carbon S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED T and last birthdey) Months Hours DIVORCED өхөп physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if ratirad) Housewite attending ph Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, (Yas, no, of unkown) | (Ifyas give wer or datas of sarvice) 18. CAUSE OF DEATH [Enter only one cause/par line for (a), INTERVAL BETWEEN ò PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) burial-transit DUE TO ending Conditions, if any, which (b) Ü geva risa to immadiate causa DUE TO (a), stating the underlying cousa last. (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION as 0 PERFORMED? NO F use prior 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING | CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING WEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, straat, offica bldg., etc.) Whila Not While ò et work at work DIRECTOR: Dept. 9 21. | certify that (1) (this housilal) attended the deceased from ... plnous at M, Irom the causes and on the date stated above. State saw the deceased alive on. and that death occurred 22a. SIGNATURE ATTENDING STAFF m TO FUNERAL I director, page 3 be filed with " PHYS. DIRECTOR PHYS. HOSPITAL page with t 22d. ADDRESS 22c. RHYSICIAN'S NAME (Typa) Christian S. Mass, M. 687 Balte, Nat'l Pike. Ellicett City 23d. LOCATION (City, town or county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page the retained by the hospital or attending physician.

S TO FUNERAL AECTOR: After this certificate has been signed by the attending physician and completel din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALT		MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STREET	, BALTIMORE 1, MA	ARYLAND
14272	Item #0 Film #4302	OF DEATH	14:	271
1. PLACE OF DEATH		2. USUAL RESIDENCE (Whare of	daceased lived, If Institution: R	esidanca bafora admission)
a. COUNTY	24 8 24 8 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4	a. STATE M	b. COUNTY	
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	notate limits write PLIPAL and	Loive pagest town)
Owrite RURAY and give nearest town)	di zanom di dini in in		1	give needed town,
tural - Laurel	75 years	Rural a	aurel	131
d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street (ddress)	d. STREET ADDRESS	0 1	a. IS RESIDENCE ON A FARM?
Stanfield Rd		Manel 100 &	Kand	YES NO
3. NAME OF First	Middla	Last // 4. DATE	Month	Dey Yaar
(Type or print)	9/	OR FILE DEATH	H (1) -8	13 1966
5. SEX 16. COLOR OR RACE 1	100	DATE OF BUTH	9. AGE (In years IF UNDER 1	
- 1.1	. MARRIED NEVER MARRIED 8	1897	Lord D. Al. David	Days Hours Min.
	WIDOWED DIVORCED	lept 3 /18/8/1/1	6 G Yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Y . BIRTHPLACE (County & State, o	r foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
housewife	hanne	Maullan	1	054
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0	
13.1- 15	.10 h. 11	11.018.12	2	00.1
15. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. A		Address A	Tacy .
(Yas, no, or unkown) (Ifyes give war or dates of ser	vice)	1 10 +11	1 P	1 hil
18. CAUSE OF DEATH [Enter only one c	VZ	dua Prille	ud raun	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Buse Per line for (a), (b), and (c).	0		ONSEL AND DEATH
IMMEDIATE CAUSE (a)_	Juniphesa	reoma de	100 per	-8 mo-
2 A 4 A DUE TO,	0	0 - D 0	-	011
Conditions, if any, which	1. Fympliace	ites Iwole	mas	2411.
gava risa to immediate ceuse	0.0	1 -0		
(a), stating the underlying				
(0)	ONS CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMINAL DISEASE	CONDITION CIVEN IN PART	1/ali 10 WAS ALITOPSY
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF CHITHER, NOTIFY MEDICAL EXAMINER)	C A CONTRIBUTING TO DEATH BUT NO	· ·	CONDITION GIVEN IN PART	PERFORMED?
5 Alus	arthros	elerosis		YES NO
208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part	II of itam 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m.			ty or town) (Cour	nty) (Stata)
Hour a.m.	Whila Not While factor	ory, streat, offica bldg., etc.)		
		21-2-3 10/1	12/12 101	11 (D) () 1
21. I certify that (I) (this hospita				that (I) (we) last
saw the degleased alive gn	#. A 19 and that	death occured at 1).M, fro	m the Lauses and on t	
22a. SIGNATURE	1 ABAD.	ATTENDING MED.	STAFF	22b. DATE SIGNED
1 1 1/1/1/1	1 would	DI DINTERSON I	PHYS.	
22c. PHYSIC AN'S NAME (Type)		22d. ADDRESS		
NAME (Type)				
23a. BURIAL, CREMATION, A3b. DATE THERE	OF 23c NAME OF CEMETERY	OR CREMATORY 23d. LO	CATION (City, town or county	(Stale)
REMOVAL (Spacify)	1-66 820	el Cem. So	11	o mil
24 PINERAL DIRECTOR'S ACNATURE	ADDRESS		STRAR 25%. REGISTRAR'S S	SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE	A ADDRESS &	/ OCT 9	5 LOCC WELL	SIGNATURE O
We Will Deline I am	- Eller of The	DATE DOLC	Jabb Vou	my ender

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. n and completely filled in by the funeral percent and 2 and 2 in any event, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14273 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY HOWard MARYLA	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) b. COUNTY HOWard					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ellicott Lty 10 yr						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	ress) d. STREET ADDRESS e. IS RESIDENCE					
212 Hawthorne Road 212 Hawthorne Road YES ND						
3. NAME OF First Middle	Last 4. DATE Month Day Year					
(Type or print) Lucy H. Shu						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
F W WIDOWED X DIVORCED	Feb. 7,1884 last birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT					
during most of working life, even if retired) INDUSTRY HOUSEWITE	Virginia COUNTRY?					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
late George Hutchinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	late Cleo Hancock					
(Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT Address Hawthorne Rd.					
No						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	I INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
IMMEDIATE CAUSE (a)	Jehr. Herry					
4500 DUE TO 0.0	Adle . M a					
Conditions, If any, which (b)	solewho gen lufor.					
gave rise to Immediate (
todos (a), stating the						
underlying cause last. (c)	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
S Cechon Luclus YES NO 1						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While at work at work at work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m. While Not While	factory, street, office bidg., etc.)					
	19 / 1					
21. I certify that (I) (this hospital) attended the deceased fro						
saw the deceased alive on 107 16 1966, an	d that death occurred at 3 AHM, from the causes and on the date stated above.					
22a. SIGNATURE	22b. DATE SIGNED					
I Cha Kasa x	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D					
22c. PHYSICIAN'S	M.D. PHIS. DIRECTOR FAILS.					
	Fd 4605 2dhorder an					
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Society) Nov 1 66 Evergreen Roanoke, Virginia (State)						
CA FUNEDAL DIDECTOR	1 252 DECID BY DECISTRAD 25h DECISTRAD'S SIGNATURE					
321 Columbia Pike						
Harry H. Witzke Ellicott City Md. DATENOV 2 1966 Charles Judge						

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